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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

- NONE - AG

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

- None - AC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.

\*\* 01/13/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 59	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Ante</i>	Initials AG		

## ADDRESS

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## TITLE

MONITORING SYSTEM AND METHOD IMPLEMENTING FAILURE TIME SPECTRUM SCAN

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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